

BEFORE THE DEPARTMENT OF PUBLIC  
HEALTH AND HUMAN SERVICES OF THE  
STATE OF MONTANA

In the matter of the adoption of Rules I	)	NOTICE OF ADOPTION AND
through XIV pertaining to the State	)	AMENDMENT
Trauma Care System	)	

TO: All Interested Persons

1. On March 23, 2006, the Department of Public Health and Human Services published MAR Notice No. 37-374 at page 723 of the 2006 Montana Administrative Register, issue number 6, regarding the proposed adoption of the above-stated rules.

2. The department has adopted new rules I (37.104.3001), II (37.104.3002), III (37.104.3006), IV (37.104.3007), V (37.104.3012), VI (37.104.3020), VII (37.104.3021), VIII (37.104.3022), IX (37.104.3025), X (37.104.3013), XI (37.104.3030), XII (37.104.3031), XIII (37.104.3034), and XIV (37.104.3014) as proposed.

3. The department has thoroughly considered all commentary received. The comments received and the department's response to each follow:

COMMENT #1: It is fairly standard to not require Advanced Trauma Life Support (ATLS) for physicians who are already board certified in emergency medicine. We use board certification for our credentialing, which we believe is acceptable with the American College of Surgeons. Other than that the rules look great, and a lot of work went into them.

RESPONSE: The department agrees. Appendix I of the State Trauma Plan containing the Trauma Facility Resource Criteria requires physicians who are board certified or board eligible in emergency medicine to complete an ATLS course as required by the American College of Surgeons' "Resources for Optimal Care of the Injured Patient: 1999". Appendix I does not require current verification in ATLS. In an effort to clarify this point, the following footnote was added to this criterion in Appendix I: "All physicians, physician assistants, and nurse practitioners providing emergency trauma care are expected to have completed an ATLS student course. Current ATLS verification or course completion is recommended for all physicians, physician assistants, and nurse practitioners who work in the emergency department and are board certified in a specialty other than emergency medicine."

COMMENT #2: I think you should make ATLS essential for the Trauma Receiving Facility.

RESPONSE: The department agrees that completion of an ATLS course is essential for those providing emergency trauma care at any designated trauma

facility, including a Trauma Receiving Facility. Current verification or course completion of ATLS is recommended in Appendix I of the State Trauma Plan containing the Trauma Facility Resource Criteria, but currently there are an insufficient number of ATLS courses in Montana to allow the opportunity for all emergency care providers to maintain current ATLS verification or course completion. The following footnote was added to Appendix I for clarification: "All physicians, physician assistants, and nurse practitioners providing emergency trauma care are expected to have completed an ATLS student course. Current ATLS verification or course completion is recommended for all physicians, physician assistants, and nurse practitioners who work in the emergency department and are board certified in a specialty other than emergency medicine."

COMMENT #3: An emergency physician is required for an Area Trauma Hospital, but no definite criteria exist. Someone may construe that emergency physicians are required to possess board certification in emergency medicine.

RESPONSE: The department has listed the criteria for the emergency physician in an Area Trauma Hospital in Appendix I of the State Trauma Plan containing the Trauma Facility Resource Criteria. The desired criteria for the emergency physician is having one who is board certified or board eligible in any recognized specialty. In lieu of board certification, Appendix I allows having a physician who has completed an approved residency program, is licensed to practice medicine, is approved by the hospital credentialing committee, and has experience caring for trauma patients followed in the quality/performance improvement program. The required criteria in Appendix I includes that the emergency department should be covered by physicians qualified to care for patients with traumatic injuries who can initiate resuscitative measures.

COMMENT #4: I have concern about requiring physicians in Regional Trauma Centers to be board certified in emergency medicine. Are there enough of these physicians to cover all the positions required by the State Trauma Plan?

RESPONSE: The department agrees with this concern and that this Montana trauma facility resource criterion should be consistent with the ACS requirements. The emergency medicine criterion in Appendix I of the State Trauma Plan containing the Trauma Facility Resource Criteria was changed to require that these physicians be board certified or board eligible in a recognized specialty, but it does not require that certification to be in emergency medicine.

COMMENT #5: Appendix I states that having emergency physicians attend 50% of the trauma committee meetings in the Community Trauma Hospital is desirable. An emergency physician is not required for Community Trauma Hospitals, therefore these facilities may not be able to comply with the attendance requirements.

RESPONSE: Appendix I of the State Trauma Plan containing the Trauma Facility Resource Criteria lists as essential the requirement of staffing the emergency department in a Community Trauma Hospital with physicians who can initiate

resuscitative measures for patients with traumatic injuries. While these Community Trauma Hospital physicians are required, they are not mandated to provide in-house emergency department coverage. Therefore, since a physician is required, the department feels that requiring a physician who covers the emergency department to attend 50% of the trauma meetings is not unreasonable.

/s/ Michelle Maltese  
Rule Reviewer

/s/ Joan Miles  
Director, Public Health and  
Human Services

Certified to the Secretary of State July 17, 2006.